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CANDIDATE / CAMPAIGN FI		
1 10 10 10 10 10 10 10 10 10 10 10 10 10		His a constant of the constant
C/OH Instruction Guide exp	plains how to comple	te this form.

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.  1 ACCOUNT# (Ethics Commission filers)  2 Total pages filed
3 CANDIDATE/ OFFICEHOLDER NAME	Ms. Elizabeth Jane  McCune  SUFFIX  OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Addres	2704 Stone Oak Drive Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION  (817) 926-9850  Receipt # Amount  Date Processed
6 CAMPAIGN TREASURER NAME	Ms. Elizabeth Jane Suffix McCune
7 CAMPAIGN TREASURER ADDRESS (Residence or business	STREET ADDRESS IND POBOX PLEASE): APTISUITE # CITY STATE. ZIP CODE  2704 Stone Oak Drive  Fort Worth, TX 76109
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 926-9850
9 REPORTTYPE	January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C.CH - FR)
10 PERIOD COVERED	Моліћ Вау Year Month Day Year ОЧ 30 2009 ТНКОИЗН ОТ 15 2009
11 ELECTION	ELECTION DATE  Value  Day  real  Primary  Ruitoff  Referral  Spenial
12 OFFICE	Ft. Worth City Council, District 3
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** The Collaboration expenditures are comparing expenditures made by others without the conditate's prior consent to approval conditates are required to disclose this observation and at they receive notification of the direct comparing expectations.   Note:  **Address *Collabor** April Note # (1) against Top Code ****  **Address *Collabor** April Note # (1) agains Top Code ************************************
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neverse are numerogaminingen interpreter position and executive includes the contract of the c	GO TO PAGE 2

## CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	SUFFURI & TOTALS		GOVER SHEET PG 2	
15 C/OH NAME	. Elizabel	th Jane McCune	16 ACCOUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL	candidate officehol	office of political contributions accepted or political expenditures made bider. These expenditures may have been made without the candidate's obtailed are required to report this information only if they receive notif	r officeholder's knowledge or consent	
COMMITTEE(S)	COMMITTEE TYPE	CUMBATTEE NAME		
	GENERAL	COMMITTEE ADDRESS None		
additional pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN PREASURER ADDRESS		
18 CONTRIBUTION TOTALS		 	\$ &	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8	
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ 8	
	4. TOTAL	POLITICAL EXPENDITURES	\$1,184.32	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$ <b>\</b>	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THI LY OF THE REPORTING PERIOD	s <b>O</b>	
19 AFFIDAVIT	WE A STATE OF THE PARTY OF THE		PRO AND THE REPORT AND	
My	ASSIE ANN L Notary Public STATE OF TE Comm. Exp. December	Strue and correct and includes all in me under Title 15 Election Code  XAS  05, 2012		
AFFIX NOTARY STAMP		ne said Elizabeth McCune	, this the 27 day	
at August 21 Calculated Constant Calculated Constant	109 to cert		Sonal Burker ent other commissioning contr	

l	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The Instruc	tion Guide explains how to complete this form.		1 Total pages Sch	edule A
2 FILER NA	MB. Elizabeth Jane McCu	æ	3 ACCOUNT # .E.	thus Commission filers (
4 Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City: State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
9 Principal occ	cupation Nob title (See Instructions)	10 Employer (See	<del></del>	
Date	Full name of contributor out-of-state PAC+IO#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State; Zip Code		TRACE AND THE TAX	
Principal occ	supation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	mpaser - 300 me (oce maintena)	Employer (See	mstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State; Zip Code			
			(If traval outside a	of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See I		r rexas, complete schedule ()
Date	Full name of contributor out-of-state PAC /ID#*	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State: Zip Code		** ***********************************	
			/16 April - April -	
Principal occi	upation / Job title (See Instructions)	Employer (See II		FTexas, complete Schedule T)
Dare	Full name of contributor (1) constate PAC O#	2 C C C C C C C C C C C C C C C C C C C	Argount of contribution (\$)	In kind contribution description (if applicable)
	Contributor address, City State, Zip Code	i		Out-programma canada and programma canada and progr
	The state of the s			Texas, complete Schedule T)
mark affise decide	ipation / Job title (See Instructions)	Employer (See In	istructions)	
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS	NEEDED	
if c	ontributor is out-of-state PAC, please see instru			equirements

PLEDG	SED CONTRIBUTIONS		SCHEDULE <b>B</b>
The Instruc	ction Guide explains how to complete this form.	1 Total pages this	Schedule B
2 FILER NAM	s. Elizabeth Jane McCune	3 ACCOUNT # PH	Nuo Commission Reis:
4 TOT	AL OF UNITEMIZED PLEDGES:	· · · · · · · · · · · · · · · · · · ·	\$ 8
5 Date	6 Full name of pledgor ☐ cut-of-state PAC-10# 7 Pledgor address, City: State: Zip Code	8 Amount of pledge (\$)	9 in-kind description (if applicable)
		(If travel outside	of Texas, complete Schedule T)
10 Principal occu	upation / Jos title (See Instructions)  11 Employer (See		or and company of the transfer of
Date	Full name of pledgor out-of-state PAC+ID#	Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	ipation / Job title (See Instruc- Employer (Se	(If travel outside	of Texas, complete Schedule T)
Date	Full name of pledgor	) Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	pation / Job title (See Instructions) Employer (Se	(If travel outside of	of Texas, complete Schedule T)
Date	Full name of pledgor	; Amount of pleage (\$)	In-kind description (if applicable)
Puncipal occu	pation : Job title (See Instructions) Employer (Se	(If travel outside o	of Texas, complete Schedule T)
Date	Full name of pledgor (17, 22 case), 156  Pledgor address, City State Zip Code	Amount of pledge (\$)	in-kind Tescription (if applicable)
		(If travel outside o	of Texas, complete Schedule T)
\$ 3 - 12 3 C 1 (1/3) - 16 C 17 1	pation Job : tile (See Instructions) Employer (Se	e Instructions)	- The state of the
	ATTACH ADDITIONAL COPIES OF THIS FORM		requirements.

## Description of Collateral Torsia GUARANTOR INFORMATION Guaranter admess City, State, Zip Code Presignal Occupation Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITI	CAL EXPENDITURES			SCHEDULE <b>F</b>
The Instruc	ction Guide explains how to complete this form.		1 Fotal page	s Schedule F
2 FILER NAM	18. Elizabeth Jane McC	une	3 ACCOUNT	# Ethets Ousnessign file(s)
4 Date	5 Payee name 6 Payee address, City; State; Zip Code			7 Amount (\$)
8 Purpose of pay required.)	yment (See instructions regarding type of information	9 •• Complete if dir Candidate / Officeholder n		to benefit COH •• Office sought Office held
(If travel outsid	de of Texas, complete Schedule T)			
Date	Payee name Payee address; City State; Zip Code			Amount (\$)
	Payee address; City State; Zip Code			
required.)	yment (See instructions regarding type of information e of Texas, complete Schedule T)	•• Complete if din Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
Date	Payee name Payee address: City; State, Zip Code			Amount (\$)
required )	ment (See instructions regarding type of information ide of Texas, complete Schedule T)	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought - ਹਜਿੰce held
Date	Payee name Payee address Gity; State: Zip Code			Amount (\$)
Purpose of payr required i	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		o benefit CrOH ••  Think crought carbox held
(if travel outside	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	

	ICAL EXPENDITURES FROM PERSONAL FUNDS	SCHEDULE (
The Instru	ction Guide explains how to complete this form.	Fotal pages Schedule G
FILER NAN	1s. Elizabeth Jane McCune	ACCOUNT # Ethics Commission freis)
Date	5 Payeename	<b>8</b> Amount (\$)
`	6 Payee address; City; State: Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information require  (If travel outside of Texas, complete Schedule T)	Reimbursement from political contributions intended
Date	Payee name	Amount
	Payee address; City: State: Zip Code	(\$)
	Purpose of expenditure (See instructions regarding type of information require	ed.) Reimbursement from political
	(If travel outside of Texas, complete Schedule T)	contributions intended
Date	Payee name Payee address; City: State: Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information require	d.) Reimbursement from political contributions
COLORES VINE AC CAPACITA COLOR COLOR COLOR COLOR	(If travel outside of Texas, complete Schedule T)	intended
Date	Payee address: City: State: Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information require	Raimbursement from political contributions intended
Clate	(If travel outside of Texas, complete Schedule T)	
\$ 7/2/50	Payee address. City. State, Zip Code	Amount (S)
	Purpose of expenditure (See instructions regarding type of information required in	A) Re-mburse-mont from poweral contributions
	(If travel outside of Texas, complete Schedule T)	क्षकार्यस्य ।

The Instru	ction Guide explains how to complete this form.	<b>1</b> Total pag	es Schedule H
FILER NAM			T# ,Ethius , gennesion heren
Date	5 Business name		7 Amount (\$)
	6 Business address: City; State; Zip Code		
(urpose of pa equired.)	yment (See instructions regarding type of information	9 ·· Complete if direct exper Candidate / Officeholder name	nditure to benefit C/OH •• Office sought Office !
f travel outsid	le of Texas, complete Schedule T)		
Date	Business name		Amount (\$)
	Business address; City: State: Zip Code		
equired)	le of Texas, complete Schedule T)	Complete if direct exper Candidate / Officeholder name	nditure to benefit C/OH •• Office sought Cff.ce !
Date	Business name		Amount (\$)
	Business address: City: State; Zip Code		
equired.)	yment (See instructions regarding type of information less than the second section of the second sec	Complete if direct expensions     Candidate / Officeholder name	iditure to henefit C/OH •• Office sought Office h
Date	Business name	American Santa Cambrilla (1984) in the second and the second of the seco	Amount
			(5)
	Business address, City, State, Zip Code		
			•

	POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S(	CHEDULE
The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule I	
FILER NAM	Ms. Elizabeth Jane McCune	3 ACCOUNT# Etries Compless	्रा क्षेत्रकः
Date	5 Payee name 6 Payee address: City: State, Zip Code	8	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information req	uired.)	
Date	Payee name Payee address: City; State, Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requ	ured.)	
Date	Payee address: City: State: Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requ	aired)	
Date	Payee name Payee address; City; State, Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requ	ired.)	
(),s(e)	Payee name		Anoust
	Payee address. City State Zip Code	, ; ;	
	Purpose of expenditure (See instructions regarding type of information requi	red)	

CRED	ITS (optional)	SCHEDULE <b>K</b>
The Instru	uction Guide explains how to complete this form.	1 Total pages Schedule K.
FILER NAM	Ms. Elizabeth Jane McCune	3 ACCOUNT # (Estars Commission files).
Date	5 Payor name 6 Payor address: City: State; Zip Code	8 Amount (\$)
	7 Reason for credit	
Date	Payor name  Payor address: City; State: Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name  Payor address; City: State: Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City, State: Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name Payor address Cry. State, Zip Code	Anount (\$)
	Reason für credit	

Texas Ethics Commission	PO. Box 12070 Austin, Texas 78711-20	970 (512) 463-5800 1-800-325-850
IN-KIND CONTRIB FOR TRAVEL OUT	UTION OR POLITICAL EXPENSIDE OF TEXAS	IDITURE SCHEDULE T
The Instruction Guide exp	lains how to complete this form.	1 Total pages Schedule T
2 FILER NAME MS. Elizabe	th Jane McCune	3 ACCOUNT # (Ethics Commission filers)
,	n or Labor Organization / Pledgor / Payee	
5 Contribution / Expenditure reported Schedule A	ed on:  Schedule B Schedule C Sched  Schedule N COH-UC COH-	processing passeng
6 Dates of travel 7 Name	of person(s) traveling	
8 Depart	the city or name of departure location	
9 Destina	ition city of name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference	, seminar, or other event)
Name of Contributor / Corporation	or Labor Organization / Plettgor / Payee	
Contribution / Expenditure reported	on:	
Schedule A Schedule H	Schedule B Schedule Schedule Schedule Schedule N COH-UC COH-1	
Dates of travel Name of	person(s) traveling	
Departure	city or name of departure location	
Destinatio	n city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, se	eminar, or other event)
Name of Contributor / Corporation o	or Labor Organization / Pledgor / Payee	

Contribution / Expenditure reported on. Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H Schedule N COH UC ] COH-T ☐ PAC-C PAC E Dates of travel Name of person(s) traveling Departure raty or name of departure location. Destination city or name of destination location Purpose of travel (including name of conference, seminur, or other event)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Means of Parsportation

## CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH - FR

)E	SIGNATION OF FINAL REPORT		
/OH	NAME	2 ACCOUNT # Etnics Commission (Pers)	
IGN.	ATURE		
at de	esignating a report as a final report terminates my campaign treasurer appointme cept any campaign contributions or make any campaign expenditures without a	nt. I also understand that I may	
	Signatu	re of Candidate / Officeholder	
	CAMPAIGN FUNDS		
Chec			
I do not have unexpended contributions or unexpended interest or income earned from political contributions.			
	understand that I may not convert unexpended political contributions or unexpen on political contributions to personal use. I also understand that I must file an contributions and that I may not retain unexpended contributions or unexpended political contributions longer than six years after filing this final report. Further, I use the state of the state	ded interest or income earned annual report of unexpended interest or income earned on inderstand that I must dispose	
	ASSETS		
Chec	k only one:		
	I do not retain assets purchased with political contributions or interest or or contributions.	ther income from political	
1	I understand that I may not convert assets purchased with political contribution from political contributions to personal use. I also understand that I must dispit	is or interest or other income ose of assets purchased with	
	Sı	gnature of Candidate	
. 2	treasurer on file. I am also aware that I will be required to file reports of unexpend	ed contributions if, at the time	
	Signature of the state of the s	nature of Officeholder	
	he III Con IGN Chec	ILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder. ••  CAMPAIGN FUNDS  Check only one:  I do not have unexpended contributions or unexpended interest or income earned for understand that I may not convert unexpended political contributions or unexpended political contributions or unexpended political contributions and that I may not retain unexpended contributions or unexpended political contributions longer than six years after filing this final report. Further, I of unexpended political contributions and unexpended interest or income earned accordance with the requirements of Election Code, § 254 204.  ASSETS  Check only one:  I do not retain assets purchased with political contributions or interest or officential contributions.  I do retain assets purchased with political contributions or interest or other income I understand that I may not convert assets purchased with political contribution from political contributions to personal use. I also understand that I must dispinately political contributions in accordance with the requirements of Election Code, § 2  FICEHOLDER  Complete this section only if you are an officeholder ••  I am aware that I remain subject to filing requirements applicable to an officeholder treasurer on file. I am also aware that I will be required to file reports of unexpend I cease holding office. I retain assets purchased with political contributions or in political contributions.	